

10/537510

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/	/	/		
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TOTAL IND.	4	↓	5	↓		↓
TOTAL DEP.	6	←	3	←		←
TOTAL CLAIMS	8		8			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
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TOTAL IND.			↓			↓
TOTAL DEP.		←	3	←		←
TOTAL CLAIMS						